



08/31/01

REISSUE

PTO/SB/50 (4/98)

Approved for use through 9/30/2000. OMB 0651-0033

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box: Patent Application Washington, DC 20231	Attorney Docket No.	P54428RE
	First Named Inventor	Seung-Cheol Hong et al.
	Original Patent Number	5,944,830
	Original Patent Issue Date (Month/Day/Year)	August 31, 1999
	Express Mail Label No.	

1. ☒ APPLICATION FOR REISSUE OF: (check applicable box) ☒ Utility Patent ☐ Design Patent ☐ Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

ACCOMPANYING APPLICATION PARTS

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent
(amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (not executed)
(37 C.F.R. §1.175)(PTO/SB/51 or 52)
6. ☐ Original U.S. Patent currently assigned?
☒ Yes ☐ No
(If Yes, check applicable box(es))
 - ☒ Written Consent of all Assignees (PTO/SB/53)
-combined in Declaration
 - ☒ 37 C.F.R. §3.73(b) Statement
 - ☒ Power of Attorney (PTO/SB/96)
-combined in Declaration

7. ☒ Statement of status/support for all changes to the claims. See 37 CFR 1.173(c). -combined in Declaration
8. ☒ Original U.S. patent for surrender
 - ☐ Ribbioned Original Patent Grant
 - ☒ Statement of Loss (PTO/SB/55)-
-combined in Declaration
9. ☐ Foreign Priority Claim (35 U.S.C. 119) (If applicable)
10. ☐ Information Disclosure Statement (IDS) PTO-1449
 - ☐ Copies of IDS Citations
11. ☐ English Translation of Reissue Oath/Declaration
(If applicable)
12. ☐ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
14. ☐ Other: _____

15. CORRESPONDENCE ADDRESS


<input checked="" type="checkbox"/> Customer Number or Bar Code Label		008-439 (Insert Customer No. Or Attach bar code label here)		or <input type="checkbox"/> Correspondence address below	
Name	ROBERT E. BUSHNELL and Law Firm				
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NAME (Print/Type)	Robert E. Bushnell	Registration No. (Attorney Agent)	27,774
Signature		Date	31 August 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent & Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

REB/kf

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REISSUE APPLICATION FEE TRANSMITTAL FORM					Docket Number (Optional) P54428RE			
Claims as Filed - Part 1								
Claims in Patent	For	Number filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee		Rate	Fee
(A) 10	Total Claims (37 CFR 1.16(j))	(B) 60	**** 60 - 20 = 40	×\$ ____ =		or	×\$ <u>18.00</u> =	\$ <u>720.00</u>
(C) 3	Independent Claims (37 CFR 1.16(i))	(D) 16	* 16 - 3 = 13	×\$ ____ =			×\$ <u>80.00</u> =	\$ <u>1,040.00</u>
Basic Fee (37 CFR 1.16(h))				\$ ____		OR	\$ <u>710.00</u>	
Total Filing Fee				\$ ____			\$ <u>2,470.00</u>	
Claims as Filed - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee		Rate
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	×\$ ____ =		or	×\$ ____ =
Independent (37 CFR 1.16(i))	***	MINUS	*****	0	×\$ ____ =			×\$ ____ =
Total Additional Fee					\$	OR		\$
<p><input type="checkbox"/> If the entity in (D) is less than the entity in (C), Write "0" in column 3.</p> <p><input type="checkbox"/> If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____. In the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The amount of \$ 2,470.00 will be paid later upon filing of an executed Declaration.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;"> <p><u>31 August 2001</u> Date</p> </div> <div style="width: 50%; text-align: center;"> <p> _____ Signature of Applicant, Attorney or Agent of Record</p> <p><u>Robert E. Bushnell</u> _____ Typed or printed name</p> </div> </div>								

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